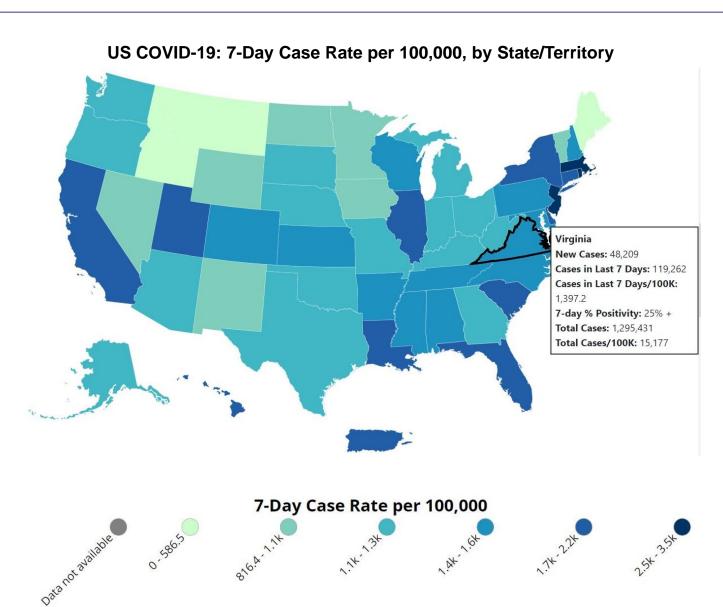
Virginia COVID-19 Surveillance Data Update

January 12, 2022





	Cases in the Last 7 Days Per 100k Population
Virginia	1,397.2 (+19.8%)
U.S.	1,583.5 (+35.3%)
Rhode Island	3,459.4 (+62.6%)
New York City* New York	3,270.1 (+0.46%) 2,131.7 (+18.6%)
New Jersey	2,498.2 (+8.0%)

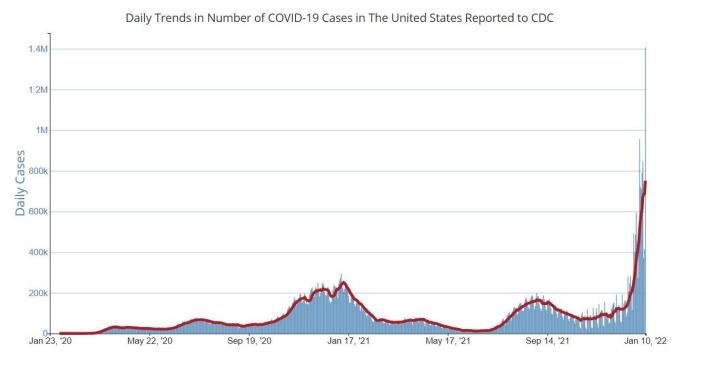
Our Neighbors

Rates Higher than Virginia

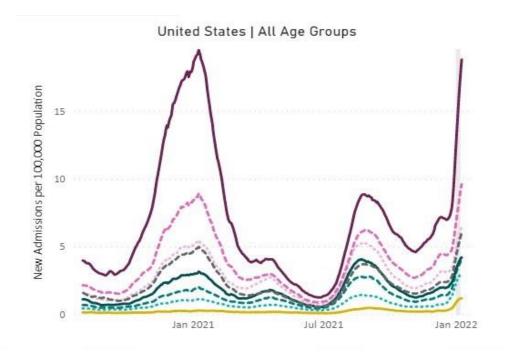
District of Columbia, **1,812.4** (-13.9%) North Carolina, **1477.8** (+50.0%) Tennessee, **1409.5** (+28.4%)

Rates Lower than Virginia:

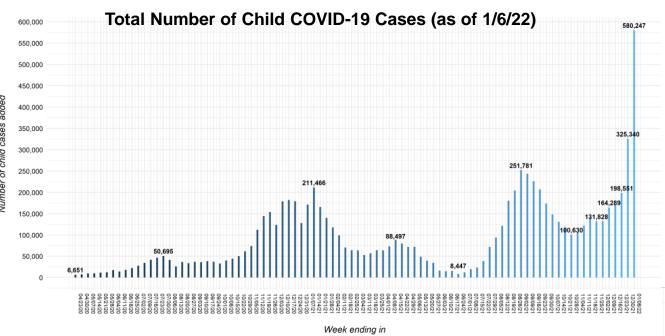
Maryland, **1,395.6** (-6.3%) West Virginia, **1,280.2** (+42.1%) Kentucky, **1188.2** (+55.1%)



- Compared to last week, cases increased to 750,996 (7-day MA) per day (+47%)
 - 200% higher than the January peak of 2021
 - 357% higher than the September high of 2021
 - Hospitalizations increased to 19,768 (7-day MA) per day (+32.5%)
- Deaths increased to 1,633 (7-day MA) per day (+40%)



17.3%

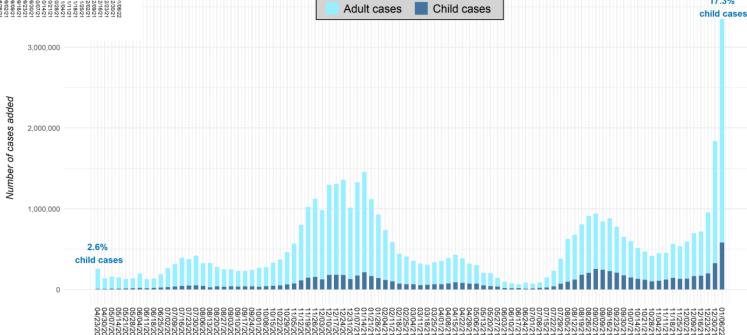




DEDICATED TO THE HEALTH OF ALL CHILDREN®



Total Number of Children and Adult COVID-19 Cases (as of 1/6/22)

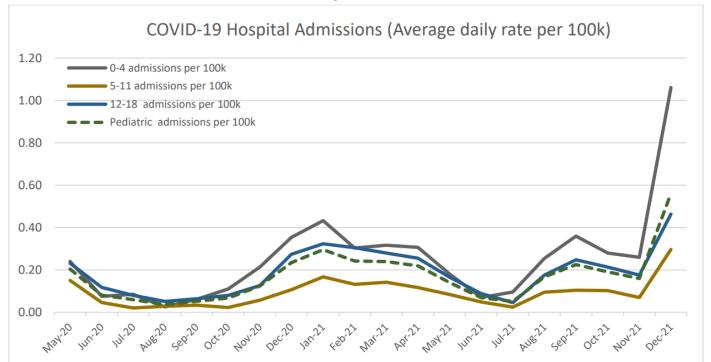




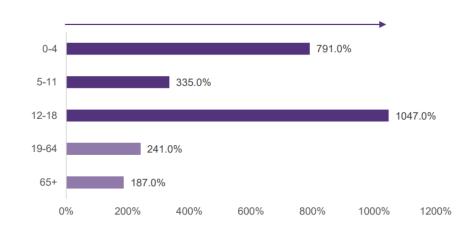
New York State released report based on data from Dec 5th - Jan 1st among children 0-18. Major Findings included:

- Hospital admissions for or with COVID-19 among people aged ≤ 18 years increased more than 7-fold statewide
- Seven out of ten children across New York State who contracted COVID-19 and were hospitalized were symptomatic and 54% had no comorbidities

0-18 Years, Hospital Admissions



SINCE DEC. 5 – 11, RAPID INCREASES IN HOSPITALIZATIONS AMONG THOSE 0-18 YEARS

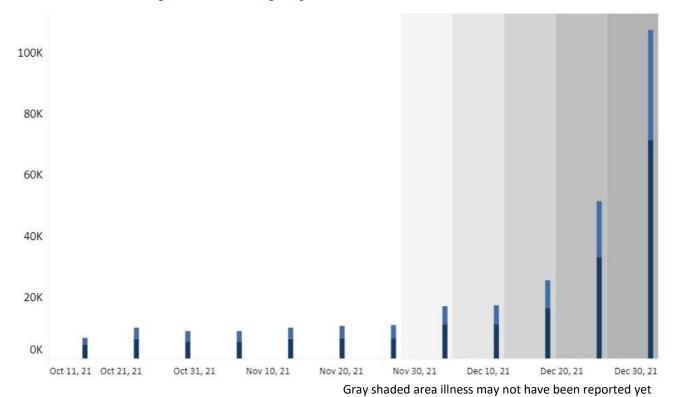


Change in 7-day average: Dec 26 – Jan 1 vs. Dec 5-11

Source: HERDS New COVID-19 hospital admissions by age group and week, Jan. 4 Pediatrics report (Table 2)

Source: Full Report - Pediatric COVID-19 update: January 7, 2022 (ny.gov)

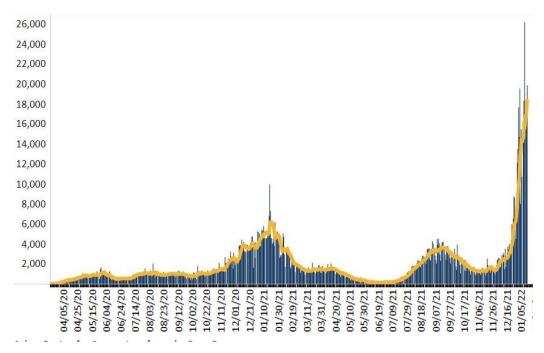
Cases by Date of Symptom Onset, Past 13 weeks



Compared to last week, **cases increased** to 18,338 (7-day MA) from 14,212 per day (+29%)

- 197% higher than the January peak of 2021
- 397% higher than the September high of 2021
- Hospitalizations increased to 3,554 per day (+43%)
- *Deaths increased to 17 confirmed deaths last week (+32%)

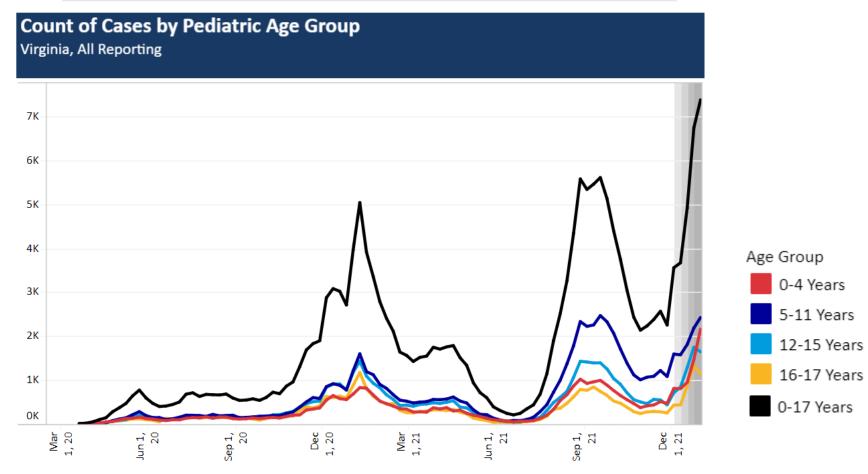
Cases by Date Reported, All Reporting Timeline



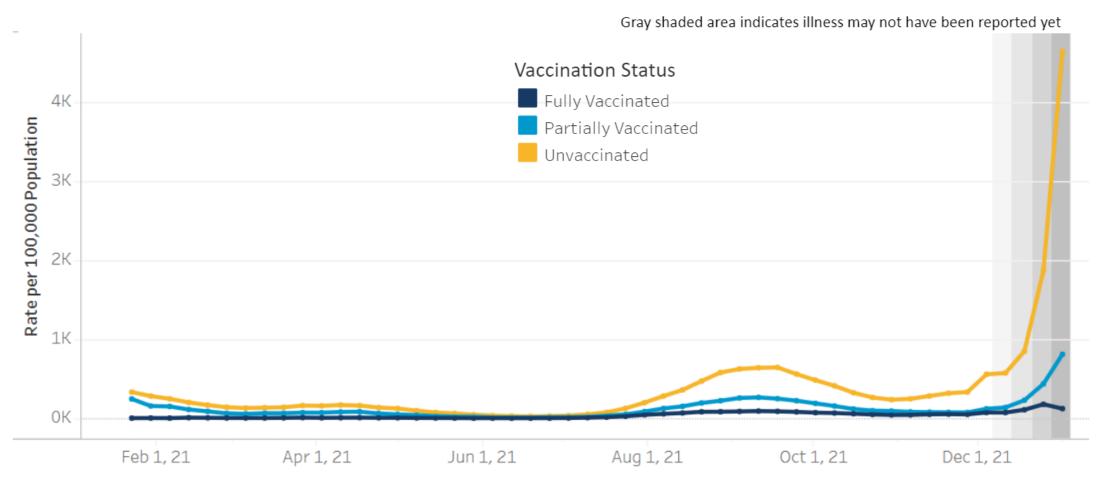
Source: Cases – Coronavirus (virginia.gov), Cases and Deaths - Coronavirus (virginia.gov), VHHA Hospitalizations – Coronavirus (virginia.gov), Data represent a 7-day moving average

^{*}VDH received cumulative death data on 12/28 totaling 185 deaths

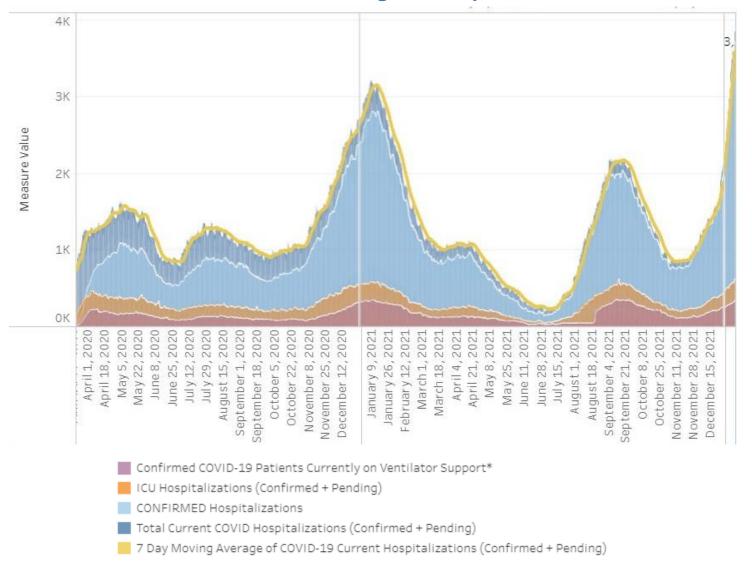
	Cases	Hospitalizations	Deaths
All Reporting: (3/15/2020 - 1/1/2022)	173,032	927	12
For Most Recent Two Week Period: (12/18/2021 - 1/1/2022)	7,230	34	1



Between 1/17/2021 and 1/1/2022, unvaccinated people developed COVID-19 at a rate **4.3 time** that of fully vaccinated people and **2.2 times** that of partially vaccinated people.‡



COVID-19 in Virginia Hospitals



Compared to last week hospitalizations increased to 3,554 (7-day MA) from 1,650 (+43%)

 64% higher than the September high of 2021

Compared to last week. ICU hospitalizations have increased to 621 from 499 (+24%)

345 patients are currently on ventilator support (+23%)

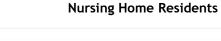
 2% lower than the September high of 2021

Source: VHHA Hospitalizations - Coronavirus (virginia.gov)

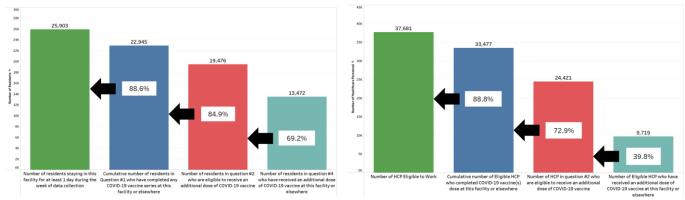
Key Trends

- There were 154 LTCF COVID-19 outbreaks reported in the past 30 days: 57 in Eastern, 36 in Northwest, 24 in Central, 21 in Northern, and 16 in Southwest (see figure top right).
- The number of reported resident and staff cases have dramatically increased in the past few weeks (see figure bottom right).
 - For the reporting week ending January 9, 2022, <u>845 resident and 1,309 staff cases</u> were reported to NHSN. Data for this reporting week are preliminary.
 - This is the highest number of resident cases reported during a week since January 2021 and the highest number of staff cases reported since nursing homes began reporting to NHSN.
- For reporting week ending January 2, 2022, data reported from 282 nursing homes showed 89% of residents were fully vaccinated; data reported from 281 nursing homes showed 89% of staff were fully vaccinated (see figures bottom left).
 - Of the 19,476 residents eligible to receive an additional dose or booster, 13,472 (69%) have received an additional dose or booster of COVID-19 vaccine.
 - Of the 24,421 healthcare personnel eligible to receive an additional dose or booster, 9,719 (40%) have received an additional dose or booster of COVID-19 vaccine.

COVID-19 Booster Vaccination in Virginia Nursing Homes (n=286)

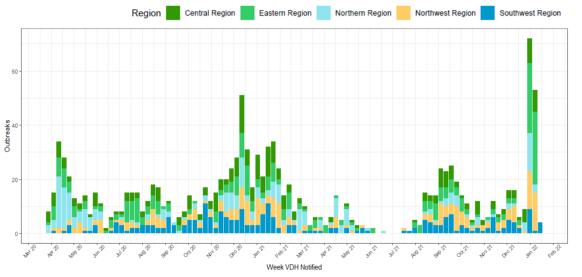






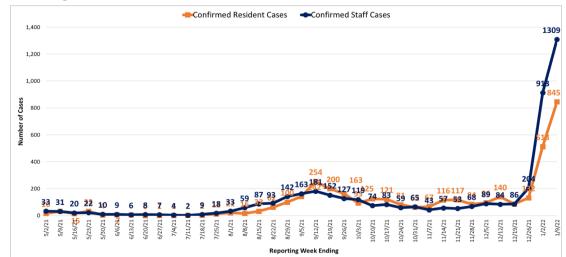
Data are from the National Healthcare Safety Network (NHSN) as of 1/11/2022 and are subject to change, including booster eligibility per updated vaccine guidance. In Virginia, 282 nursing homes reported resident vaccination data for reporting week ending 1/2/2022; 281 nursing homes reported staff vaccination data for reporting week ending 1/2/2022. For staff type definitions, refer to NHSN Table of Instructions.

Number and Region of LTCF COVID-19 Outbreaks by Date VDH Notified



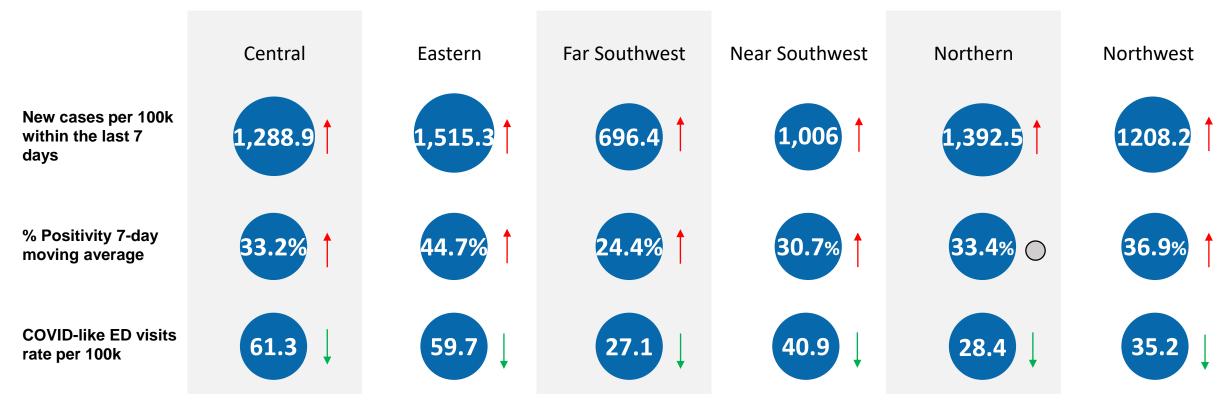
Outbreaks reported from nursing homes, assisted living facilities, and multicare facilities to VDH with a confirmed or suspected etiologic agent of SARS-CoV-2. Data are from the Virginia Outbreak Surveillance System as of 1/10/2022 and are subject to change Please note that five SW outbreaks had been reported for the current week (week beginning 1/9/22) at the time of the data pull.

Nursing Home Resident and Staff COVID-19 Cases



Data are from NHSN as of 1/11/2022 and are subject to change. For reporting information, please refer to the NHSN data collection forms: residents, staff.

Metrics date: 1/9/2022

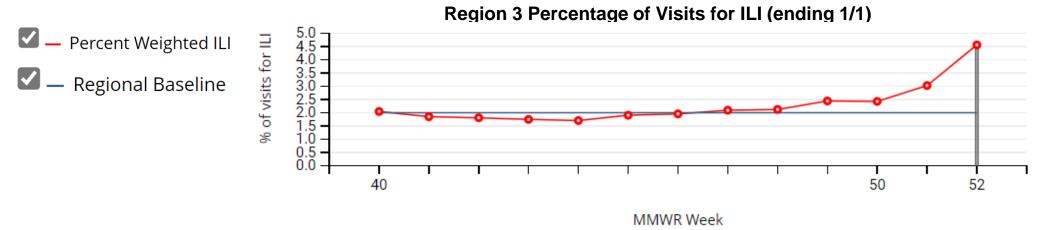


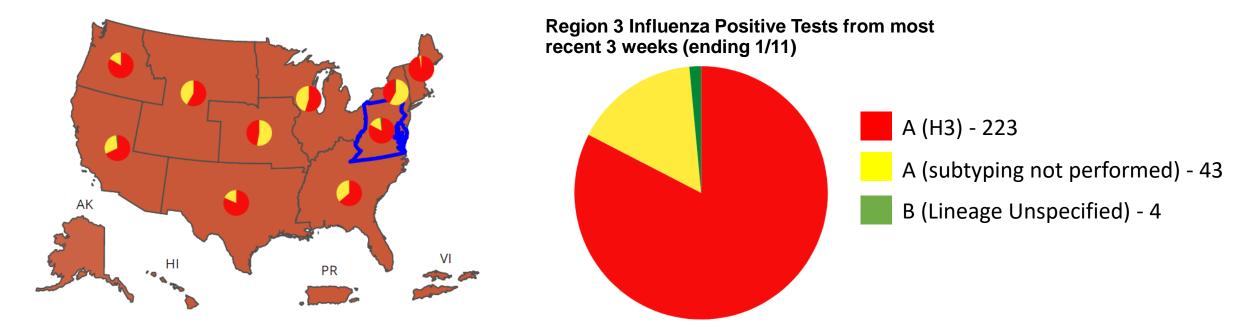
Burden	Level 0	Level 1	Level 2	Level 3	Level 4
New Cases	<10	10-49		50-100	>100
% Positivity	<3	3-5	5-8	8-10	>10
CLI ED Visits	<4		4-5.9		<u>></u> 6

Symbol	Trend
†	Increasing
\	Decreasing
0	Fluctuating

Please note: the methods used this week have changed slightly; data is now compared from Sunday to Sunday instead of Wednesday to Wednesday

Source: Region Metrics - Coronavirus





UVA Biocomplexity Institute

Coinfection by Severe Acute Respiratory Syndrome Coronavirus 2 and Influenza A(H1N1)pdm09 Virus Enhances the Severity of Pneumonia in Golden Syrian Hamsters: November 20, 2020

A clinical study in hamsters observing the interaction between the co-circulating COVID-19 and seasonal Influenza.

- Simultaneous or sequential coinfection by COVID-19 and influenza caused more severe disease than monoinfection by either virus in hamsters.
- Coinfected hamsters had more weight loss, more severe lung damage, body tissue inflammation, and intestinal inflammation.
- Simultaneous coinfection was associated with delay in resolution of lung damage, lower COVID-19 neutralizing antibody, and longer COVID-19 shedding in oral swabs compared to that of COVID-19 monoinfection.

COVID-19 and Influenza Co-infection: A Systematic Review and Meta-Analysis: June 25, 2021

A systematic review and meta-analysis study analyzed the rate of coinfection of COVID-19 and Flu from Mar-Sept 2020, eleven prevalence studies with total of 3,070 patients with COVID-19, and 79 patients with concurrent COVID-19 and influenza were selected for evaluation

- The prevalence of influenza infection was 0.8% in patients with confirmed COVID-19.
- Fever, cough, and shortness of breath were the most common clinical manifestations reported for COVID-19 and Flu coinfection.
- Further breakdown: eight case reports and seven case series with a total of 123 patients with COVID-19 were selected where 29 patients had coinfection with influenza viruses A/B. Within this sample 2 patients died (6.9%), and 17 out of 29 patients recovered (58.6%)

Comparison of Outcomes from COVID Infection in Pediatric and Adult Patients Before and After the Emergence of Omicron: January 2, 2022

A retrospective cohort study comparing severity of patient outcomes (ED visit, hospitalization, ICU admission, and mechanical ventilation) in early Omicron (12/15/21-12/24/21) and Delta (9/1/21-11/15/21) waves within their first 3 days of infection:

• SARS-CoV-2 infections during early Omicron phase were associated with significantly less severe outcomes than first-time infections when the Delta variant predominated (see tables below)

Comparison of 3 day Outcomes in Omicron and Delta Cohorts (Across Ages)

Outcome	Emergent Omicron cohort (n=14,040)	Delta cohort (n=14,040)				RR (95% CI)	_
ED visit	4.55% (639)	15.22% (2,137)	н			0.30 (0.28-0.33))
Hospitalization	1.75% (246)	3.95% (554)				0.44 (0.38-0.52))
ICU admission	0.26% (36)	0.78% (109)	\longmapsto			0.33 (0.23-0.48))
Mechanical ventilation	0.07% (10)	0.43% (61)	- ─			0.16 (0.08-0.32))
					1		
			0 0.5	1 Risk Ratio	1.5	2	

Age Stratified Comparison of 3 day Outcomes in Omicron and Delta Cohorts

Age group	Outcome	Emergent Omicron	Delta			RR (95% CI)
- gc group	Catcome	cohort	cohort			
0-4 (n=1,361)	ED visit	3.89% (53)	21.01% (286)	Н		0.19 (0.14-0.25)
5-11 (n=1,307)	ED visit	3.60% (47)	12.62% (165)	→		0.29 (0.21-0.39)
12-17 (n=1,244)	ED visit	2.09% (26)	13.10% (163)	₩		0.16 (0.11-0.24)
18-64 (n=7,761)	ED visit	4.55% (353)	14.91% (1,157)	H		0.32 (0.27-0.34)
>=65 (n=2,173)	ED visit	7.36% (160)	13.94% (303)			0.53 (0.44-0.63)
0-4 (n=1,361)	Hospitalization	0.96% (13)	2.65% (36)	\longrightarrow		0.36 (0.19-0.68)
5-11 (n=1,307)	Hospitalization	0.77% (10)	1.45% (19)	-	<u>;</u>	0.53 (0.25-1.13)
12-17 (n=1,244)	Hospitalization	1.21% (15)	1.93% (24)	-	1 1	0.63 (0.33-1.19)
18-64 (n=7,761)	Hospitalization	1.20% (93)	3.78% (293)			0.32 (0.25-0.40)
>=65 (n=2,173)	Hospitalization	5.29% (115)	9.67% (210)			0.55 (0.44-0.68)
				0 0.5 Risk	1 1.5 2 Ratio	2